IL-1040-V

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 3.5 inches from the left edge, and .25 .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

• The IL-1040-V consists of the following:

Form Content **Scan Line Content** Form Code (always 10408) - (Positions 1-5) (6) (1) Software/Forms Developer ID Number **(7)** Liability Period (mmyy) - (Positions 6-9) (2) Primary's Social Security Number (SSN) Space - (Position 10) (3) Spouse's SSN Form Code/Liability Period Check Digit - (Position 11) (4) Taxpayers' Name and Address (8) Space - (Position 12) (5) Preparer's Phone Number 1040 Voucher ID (always 2) - (Position 13) (9) Space - (Position 14) Primary SSN - (Positions 15-23) (10)Space - (Position 24) Primary SSN Check Digit - (Position 25) (11) Space - (Position 26) (12) Numeric Post - (Positions 27-34) Space - (Position 35) Numeric Post Check Digit - (Position 36) (13)Space - (Position 37) Amount Paid - (Positions 38-46) (14)

Note:

- The Liability Period must be for the current tax year.
- The Numeric Post is a conversion from the taxpayer's post, which is the first four letters of taxpayer's last name. The numeric post is calculated by numbering the alphabet from 1 26 beginning with the letter A as 01, B as 02, and so on. A space is identified as 00. In the example above, 10151405 = JONE. If the name is less than 4 positions, left justify the name and fill the remaining positions with a space(00).
 Do not use a space(00) to replace hyphenation or spaces in a name.

EXAMPLE: Coe would be 03150500

(5)

Preparer's phone number _

Omit punctuation and spaces in a name. **Do not** substitute spaces for punctuation.

EXAMPLE: O'Connor would be 15031514 = OCON and De Hoya would be 04050815 = DEHO

• The Amount Paid field must contain 7 positions for dollars and 2 positions for cents. Zero fill this field to the left of the dollar amount.

(6) (7) (8) (9) (10) (11) (12) (13) (14)



2003

Your payment is due April 15, 2004.

\$	•
D : 4	

Print your payment amount.

Mail to: Illinois Department of Revenue Springfield II 62726-0001

Write your Social Security number on your check.

Preparer's phone number _____